

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

May 28, 2014

Ms. Coleen Kohaut, Administrator
Holiday House Residential Care Home
642 Sheldon Road
Saint Albans, VT 05478-8014

Dear Ms. Kohaut:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **April 17, 2014**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief

PC:jl

PRINTED: 05/05/2014
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0541	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/17/2014
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HOLIDAY HOUSE RESIDENTIAL CARE HOME

642 SHELDON ROAD
SAINT ALBANS, VT 05478

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite relicensing survey and complaint investigation was conducted by the Division of Licensing and Protection initiated on 4/14/14, and completed on 4/17/14. The following regulatory violations were identified.	R100		
R172 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h All medicines and chemicals used in the home must be labeled in accordance with currently accepted professional standards of practice. Medication shall be used only for the resident identified on the pharmacy label. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to ensure that medications were discarded after the recommended date for 2 of 6 residents sampled (Residents #2, #3). Findings include: Per observation on 4/14/14 at 4:15 PM, during inspection of the medication refrigerator, two opened insulin vials were noted to be beyond the recommended discard date. Resident #2 had a vial of Novolog 70/30 Insulin that was dated as being opened on 1/31/14, and was still in use for this resident. Also per observation at this time was an insulin vial prescribed to Resident #3, with the opened date written on the box of 1/26/14, which was also still in use for the resident. Per interview on 4/14/14 at 4:25 PM, the Registered Nurse confirmed that these were the current vials in use for both of these residents, and that the discard date should have been one month after	R172	R172 Holiday House Residential Care Home inserviced charge nurse with policy and procedure of proper disposal of insulin on 5/15/14. The RN Resident Director will perform quality assurance checks and random audits of the insulin vials to ensure proper disposal. Date of Completion: 5/15/14 R172 POC accepted 5/22/14 Karen Campos RN	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

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If continuation sheet 1 of 5

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0541	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/17/2014
NAME OF PROVIDER OR SUPPLIER HOLIDAY HOUSE RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 842 SHELDON ROAD SAINT ALBANS, VT 05478		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R172	Continued From page 1 first opening them.	R172		
R188 SS=B	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.12.b.(2)</p> <p>A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that documents indicating legal authority were on file for 2 of 8 Residents sampled (Resident #1, #2). Findings include:</p> <p>1. Per record review on 4/14/14, Resident #1's documentation stated that their son was the legal guardian of the resident. Although there was a copy of an Advanced Directive on file that named the son as the health care agent for the resident if they were unable to make decisions, the resident is alert and oriented enough that this status would not apply currently. The home had no copy of a legal document that appointed Resident #1's son</p>	R188	<p>R188</p> <p>Holiday House Residential Care Administrator completed in-service with the business office and admission staff member to review regulations of record keeping and need to obtain all legal copies of documents giving legal authority to another person. In-service was completed on 5/16/14. Quality Assurance check to be done by RN Director and Administrator.</p> <p>Date of Completion 5/16/14</p> <p><i>R188 POE accepted Laren Campo RN 5/22/14</i></p>	

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STATE FORM

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Division of Licensing and Protection

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NAME OF PROVIDER OR SUPPLIER HOLIDAY HOUSE RESIDENTIAL CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 642 SHELDON ROAD SAINT ALBANS, VT 05478		
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R188	Continued From page 2 as the legal guardian on file. Per interview on 4/14/14 T 3:00 PM, the Admission Coordinator confirmed that the son was listed as the "legal guardian" for Resident #1, and that they had not received any documentation that this was a legally appointed guardianship. 2. Per record review on 4/14/14, Resident #2's son was noted to have signed the Admission Agreement for the resident. Resident #2 is alert and oriented, and did not have any legal documents on file that indicated they were the legal representative for the resident. Per interview on 4/14/14 at 3:00 PM, the Admission Coordinator confirmed that there were no legal documents on file that indicated legal representation by the family member who signed the paperwork at admission, and that the resident had asked the son to fill out the paperwork for admission.	R188		
R214 SS=D	VI. RESIDENTS' RIGHTS 6.2 Each home shall establish and adhere to a written policy, consistent with these regulations, regarding the rights and responsibilities of residents, which shall be explained to residents at the time of admission. This REQUIREMENT is not met as evidenced by: Based on record review, resident and staff interview, the home failed to ensure that a resident received a copy of the Resident's Rights for 1 of 6 residents sampled (Resident #2). Findings include:	R214	Holiday House Residential Care Home completed in-service on Resident Rights on May 16 th , 2014 to admission and business office staff member to ensure a copy of resident rights will be given and explained upon admission. New procedure checklist has been created and implemented that will document date given and will be recorded in resident file. RN director and/or Administrator will perform Quality Assurance checks to ensure this is being performed. Date of Completion 5/16/14 R 214 POC accepted 5/22/14	

Division of Licensing and Protection
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Karen Campo
RN

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R214	Continued From page 3 Per record review on 4/14/14, Resident #2 had Admission Agreement paperwork that was signed by their son, including receipt of Resident's Rights. Per interview with Resident #2 on 4/14/14 at 1:40 PM, they stated that they did not recall being given the Resident's Rights or having them explained to them upon admission to the home. Resident #2 did state that they wanted their son to do all the paperwork at admission, and had asked him to do this. Per interview on 4/14/14 at 3:10 PM, the Admission Coordinator also stated that it was the wishes of Resident #2 to have the son fill out and sign paperwork at admission. They also confirmed that Resident #2 is alert and oriented, and would be capable of understanding the Resident Rights, but was not provided a written copy or told verbally about the rights of residents in the home at the time of admission.	R214		
R302 SS=F	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.	R302	R302 Holiday House Residential held inservice with maintenance director and assistant manager on 5/16/14. Review of regulation and policy for fire drills was covered to ensure that fire drills will be done at least on a quarterly basis with at least two drills being performed during the night hours. Quality Assurance checks will be performed by Asst. Manager and Administration to ensure that drills are being completed. Date of Completion 5/19/14 DOC accepted 5/22/14 Kalen Campos RN	

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NAME OF PROVIDER OR SUPPLIER HOLIDAY HOUSE RESIDENTIAL CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 642 SHELDON ROAD SAINT ALBANS, VT 05478
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R302	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on documentation review and staff interview, the home failed to ensure that fire drills were conducted as required. Findings include:</p> <p>Per review of fire drill records on 4/14 and 4/15/14, the home did not conduct the required drills at night to determine how residents would respond when asleep. Per review of the drills in 2013 and 2014, the following were documented: January 16, 2013 at 1:44 PM; January 28, 2013 at 1:05 PM; June 14, 2013 (during the day shift but no time listed); September 12, 2013 at 1:30 AM (staff had a drill without waking residents); October 24, 2013 at 3:15 PM; December 12, 2013 at 2:40 PM; January 14, 2014 at 8:15 AM (actual event with evacuation of residents); and March 12, 2014 at 1:50 PM. Per interview on 4/15/14 at 1:35 PM, the Maintenance Supervisor confirmed that the afternoon drills included staff from both the day and the evening shifts, however there was only one drill conducted at night when the residents were asleep, and that the alarm was not utilized to determine the response of the residents in the event of an actual emergency, just to determine the action of the night staff during a drill.</p>	R302		